DOL - SKILLS SHORTAGES/HIGH TECH INITIATIVE INFORMATION SESSIONS

REGISTRATION FORM

Please type or print the information as it is to appear on your name badge. This information will also be used to produce the participant's list so please provide all requested information. You may duplicate this form if you have more than one person attending. **Please fax this registration form to Sheritta Cooper Porter at 202-638-2385.**

| PARTICIPANT INFORMATION | | |
|---------------------------------|--|-----------------|
| First Name: | | |
| Last Name: | | |
| Organization: | | |
| Title: | | |
| Mailing Addres | s: | _ |
| City: | State: | Zip: |
| Telephone: | Fax: | |
| E-mail: | | |
| Please check your meeting site: | | |
| DATES: | | |
| II | Mission College, Santa Clara, CA H-1B Technical Skill Grant Program | August 8, 2000 |
| " | Bennett College, Greensboro, NC Skill Shortages, Partnership Training/ System Building Demonstration Program | August 10, 2000 |
| " | Hilton Alexandria Mark Center, Alexandria, VA H-1B Technical Skill Grant Program | August 11, 2000 |

PLEASE CALL SHERITTA COOPER PORTER AT 202-842-2200 IF YOU HAVE ANY QUESTIONS REGARDING LOGISTICAL ARRANGEMENTS.